



Name  
C/O  
Street address  
Other address line  
City State ZIP

**Tax year:**

## **We need additional information before we can send your New York State income tax refund.**

Before we can complete processing your tax return for the above tax year, you must send us information about the following amounts claimed on your return:

- Taxes withheld from your wages
- Taxes withheld from other income

### **Taxes withheld from your wages**

To prove the amount of taxes withheld from **wages** that you may have claimed on your return, send us the following:

#### **W-2 forms**

Send us a copy of your W-2 forms (*Wage and Tax Statements*) for **each** employer you worked for during the above tax year.

#### **If you do not have W-2 forms from an employer**

Send us the last paycheck stub you received from that employer in the above tax year. If you do not have your last paycheck stub, send us at least one paycheck stub from any payroll period during the time you worked for that employer.

#### **If you do not have W-2 forms or paycheck stubs**

Ask your employer to send us a letter on company letterhead stating:

- how much you earned and how much tax your employer withheld from your pay
- the name and social security number (or other number) your employer used to withhold tax and report your wages
- the name, work address, and work phone number of the person responsible for the payroll

**Joint returns:** If you filed a joint return, you must also provide wage and withholding information claimed for your spouse.

### **Taxes withheld from other income**

If you claimed taxes were withheld from any other source of income, send us all of the following that apply for the tax year above:

**DLN:** X9999999999999999

**DTF-973.56-O**

**[www.tax.ny.gov](http://www.tax.ny.gov)**



New York State Department of  
**Taxation and Finance**  
Office of Processing and Taxpayer Services  
W A Harriman Campus  
Albany NY 12227

- Form 1099-R, *Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.*
- Form 1099-MISC, *Miscellaneous Income*
- Form 1099-G, *Certain Government Payments*
- Any other form or document to verify tax withheld.

### What to do next

It is important that you respond. If we do not hear from you, you will not receive the refund you requested. Allow up to **90 days** for a response from us.

In addition to the information described above, be sure to also complete and send us the enclosed ***Response to Audit Inquiry***.

If your tax return was prepared by a tax professional or volunteer, contact them. They may be able to help you gather the information we are asking for.

You can send us the information in any of these ways:

**Online:** If you have an *Online Services* account with the Tax Department, the easiest and fastest way to respond to this notice is by using our ***Respond to Department Notice*** online service. When prompted enter the following:

DLN: **X9999999999999999**  
Notice ID: **DTF-973.56-O**

If you do not have an *Online Services* account, visit our Web site to create one now.

**Mail:** NYS TAX DEPARTMENT  
WITHHOLDING REVIEW UNIT-OPTSWHRV  
W A HARRIMAN CAMPUS  
ALBANY NY 12227

**Fax:** (518) 435-8430

### Questions?

- Visit our Web site.
- Call us at (518) 457-2751.

### Your rights as a taxpayer

- For a full explanation of your rights as a taxpayer, go to [www.tax.ny.gov/tra/rights.htm](http://www.tax.ny.gov/tra/rights.htm)
- No Internet access? Call us at (518) 457-3280 and we will mail you a statement of your rights.

#### **Se habla español.**

Si usted no habla inglés y no entiende esta carta, por favor véase la versión de esta carta en español en nuestro sitio Web al [www.tax.ny.gov/pit/letters/](http://www.tax.ny.gov/pit/letters/)

DLN: X9999999999999999

DTF-973.56-O

**[www.tax.ny.gov](http://www.tax.ny.gov)**